



# Findlay Civil Service Application for Civil Service Examinations

(Revised October 2020)

The City of Findlay Is an Equal Opportunity Employers and ADA compliant.

**POSITION:**

**DATE:**

Please submit one application per position or examination. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

### PLEASE TYPE OR PRINT IN INK

<b>NAME:</b> (Last, First, Middle)		<b>SSN:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		<b>DOB (year optional):</b>
<b>HOME PHONE:</b>	<b>ALTERNATE PHONE:</b>	<b>E-MAIL ADDRESS:</b>
<b>DRIVER'S LICENSE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>STATE:</b> <b>CLASS:</b>		<b>LEGAL RIGHT TO WORK IN THE U.S.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### PREFERENCES

<b>WHAT TYPE OF JOB ARE YOU LOOKING FOR?</b> <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal/Temporary	<b>ARE YOU WILLING TO RELOCATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<b>TYPES OF WORK YOU WILL ACCEPT:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
<b>SHIFTS YOU WILL ACCEPT:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	

### EDUCATION

<b>HIGH SCHOOL NAME:</b>	<b>LOCATION:</b> (City, State)	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CHECK YEAR COMPLETED:</b> <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<b>OBTAINED GED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SCHOOL NAME</b> (College/University):		<b>LOCATION:</b> (City, State)
<b>YEARS COMPLETED:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MAJOR:</b>
<b>DEGREE RECEIVED:</b>		<b>NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:</b>
<b>SCHOOL NAME</b> (College/University):		<b>LOCATION:</b> (City, State)
<b>YEARS COMPLETED:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MAJOR:</b>
<b>DEGREE RECEIVED:</b>		<b>NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:</b>
<b>SCHOOL NAME</b> (College, University):		<b>LOCATION:</b> (City, State)
<b>YEARS COMPLETED:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<b>DID YOU GRADUATE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MAJOR:</b>
<b>DEGREE RECEIVED:</b>		<b>NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:</b>

## EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work **may** also be included as employment. **NOTE:** You must accurately and completely fill in the information below to be considered for employment. You may submit a resume **in addition** to completing this section.

<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>		<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		
<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>		<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		
<b>DATES:</b> From: _____ To: _____	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>		<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

## CERTIFICATES AND LICENSES

<b>TYPE:</b>	<b>EXPIRATION DATE:</b>
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b>
<b>TYPE:</b>	<b>EXPIRATION DATE:</b>
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b>

## SKILLS

<b>OFFICE SKILLS:</b>
Typing Speed: _____ Data Entry Speed: _____
<b>COMPUTER SKILLS:</b>
<b>OTHER SKILLS:</b>
<b>LANGUAGE(S):</b>

The purpose of these questions is to obtain information relevant to employment with the City of Findlay. **Responses to these questions are required.**

1. **SUMMARY OF QUALIFICATIONS** – In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the minimum qualifications and any position-specific qualifications posted for this position or examination. If you need additional space, attach an extra sheet to this application.

2. Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

3. Are you, or have you ever been, an employee of the City of Findlay? If yes, please indicate the date (s) so employed:  
 Yes    No

4. How did you learn about this employment or examination opportunity?

- Civil Service Test Announcement
- Employee of City of Findlay
- City of Findlay Website
- Other Internet Website
- Newspaper
- Walk-in
- College
- Other

## REFERENCES

Please list at least three individuals, other than relatives, whom we may contact as references regarding your character, ability, or experience.

Name	Home Phone Number <small>(with area code)</small>	Work Phone Number <small>(with area code)</small>	Types of Reference <small>(personal, professional, education, etc.)</small>

1. I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Findlay with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Findlay are prerequisite to my appointment to a position with the City of Findlay. Initials \_\_\_\_\_
  
2. In addition, I also hereby understand that the City of Findlay cannot guarantee the confidentiality of the results of or information obtained through the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions. Initials \_\_\_\_\_
  
3. If employed, I understand and accept that I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. Initials \_\_\_\_\_
  
4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the City of Findlay, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials \_\_\_\_\_
  
5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity. Initials \_\_\_\_\_
  
6. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding myself to the employer. I further authorize the release of personnel, academic and other records to the employer. Initials \_\_\_\_\_
  
7. This application will be considered active for 12 months from the date filed. If you are hired, it will become part of your official employment record. Initials \_\_\_\_\_
  
8. Therefore, in consideration of my employment application being reviewed and considered by the City of Findlay being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Findlay, and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom. Initials \_\_\_\_\_

**\*\*READ CAREFULLY BEFORE SIGNING\*\***

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I waive all provisions of law forbidding colleges or universities which I attend, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Director, City of Findlay, Ohio, the Findlay Civil Service Commission, and/or the agency department that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. I also recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse. Finally, I agree that any claim or lawsuit relating to my service with the City of Findlay must be filed no more than six (6) months after the date of the employment action that is the subject to the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**PRE-EMPLOYMENT DRUG TESTING CONSENT**

I understand that, as a candidate for employment with the City of Findlay, I must, in order to be appointed to a position with the City of Findlay, voluntarily consent to, and pass, a urinalysis, breath, or other drug testing to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested; if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used; or if masking agents are detected in any specimen I provide as part of the testing procedure.

I hereby knowingly and voluntarily consent to participate in a substance abuse test and authorize the City of Findlay to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis, breath, or other drug testing. In addition, I authorize the designated laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Findlay and its representative. I further release the City of Findlay or Findlay, its officers, directors, employees, agents, or representatives from any and all claims, suits, and causes of action, liability, and/or damages arising from my submitting to the test and from the information obtained from the test.

Signature of Candidate \_\_\_\_\_

Date: \_\_\_\_\_

## **DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT, RELEASE AND CONSENT**

I acknowledge that the City of Findlay has an Employee Drug Testing Policy which requires employees to submit to drug and/or alcohol testing when there is reasonable belief that his/her work performance is adversely affected by the presence of alcohol or illegal drugs in his/her system. I further acknowledge that the method of testing used by the City would include urinalysis or breath testing.

I understand that should I be appointed to a position with the City or Findlay, I may be required to submit to drug and/or alcohol testing one or more times during my employment with the City of Findlay for the reason specified above. I also understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens I provide in conjunction with the testing procedure, or if I refuse to be tested.

I hereby knowingly and voluntarily consent to further "reasonable belief" drug and/or alcohol testing after appointment to a position with the City of Findlay and authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, urinalysis, breath, or other drug testing. In addition, I authorize the designated testing laboratory or other professionals/technicians to release any and all information regarding the tests, including their results, to the City of Findlay and its representatives. I further release the City of Findlay, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from such tests.

Signature of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_



# Addendum to Findlay Civil Service Application City of Findlay

(Revised October 2020)

An Equal Opportunity Employer

**POSITION:**

**DATE:**

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

### PLEASE TYPE OR PRINT IN INK

<b>NAME:</b> (Last, First, Middle)		<b>SSN:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		<b>DOB:</b>
<b>HOME PHONE:</b>	<b>ALTERNATE PHONE:</b>	<b>E-MAIL ADDRESS:</b>

### MILITARY

<b>1. Are you currently a member of the armed forces of the United States of America?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2. Are you a veteran of the armed forces of the United States of America?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered yes to questions 1 or 2, please provide your branch of service, dates of service, and also attach a copy of your DD form 214, if applicable.</b> Branch of Service: _____      Dates of Service: _____	

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## CITY OF FINDLAY EQUAL EMPLOYMENT OPPORTUNITY

Responses to questions on this page are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. The Civil Service Commission will process your responses to these confidential questions separately. **Responses will be used for statistical purposes only.**

**Position applying for:**

**Date:**

**OPTIONAL:**

Sex  Male  Female

**OPTIONAL:**

Please select your age group.

- Under 18  
 18-25  
 26-39  
 40-54  
 55-69  
 70+

**OPTIONAL: Race/Ethnicity**

- WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.  
 **BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.  
 **HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.  
 **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).  
 **NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).  
 **AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.  
 **OTHER:** Please self-define

**OPTIONAL:** Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

- Yes  No

**OPTIONAL:** Are you a veteran?

- Yes  No

**OPTIONAL:** If you answered yes to the previous question, please indicate if one or more of the following apply:

- MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.  
 **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.  
 **DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.  
 **VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.